

Indiana Clinical Guidelines for Diabetes Care¹

Measure	Clinical Guidelines (Frequency)	Treatment Goals
General Care: <ul style="list-style-type: none"> Physical Activity 	<ul style="list-style-type: none"> Assess every regular visit 	<p>≥150 minutes/week, moderate intensity, in 3 or more sessions, ≤ 2 days in a row without exercise. If no contraindications, also encourage resistance training</p>
<ul style="list-style-type: none"> Weight (BMI)* 	<ul style="list-style-type: none"> Assess every regular visit Re-evaluate for continued weight loss 	Initial Goal: Weight loss for overweight patients 5-7% of starting weight
Glycemic Control: <ul style="list-style-type: none"> A1C 	<ul style="list-style-type: none"> If meeting A1C goal, twice a year, at least 3 months apart If not meeting goal and treatment changes ongoing, check quarterly 	A1C <7.0%, More or less stringent goal when consider age, co-morbid conditions, known cardiovascular disease or advanced microvascular complications, hypoglycemic unawareness
Eye Care: <ul style="list-style-type: none"> Dilated Eye Exam and Comprehensive Eye Exam 	<ul style="list-style-type: none"> Type 1: Within 5 years of onset, then annually Type 2: At diagnosis, then annually Women with type 1 or 2: Preconception or first trimester of each pregnancy, then follow closely through one year post-partum 	
Kidney Care: <ul style="list-style-type: none"> Microalbuminuria 	<ul style="list-style-type: none"> Annually, For type 1, start 5 years after diagnosis 	
<ul style="list-style-type: none"> Serum Creatinine 	<ul style="list-style-type: none"> Annually for estimation of GFR 	
Foot Care <ul style="list-style-type: none"> Visual Foot Exam 	<ul style="list-style-type: none"> Inspect feet every regular visit Lower extremity mono-filament exam annually 	
Cardiovascular Care: <ul style="list-style-type: none"> Assess cardiovascular risk factors including lipid profile 	<ul style="list-style-type: none"> At diabetes diagnosis, then periodically Medications prescribed based on risk <ul style="list-style-type: none"> Statin therapy for those with history of MI or age ≥ 40 with other risk factors, Also consider aspirin to prevent a heart event if 10-year risk >10%. If known cardiovascular disease, use aspirin and statin (if not contraindicated), and consider ACE inhibitor If prior MI, continue beta-blockers at least 2 y post-event 	<p>Cholesterol <200 mg/dl LDL <100 mg/dl <70 mg/dl if overt cardiovascular disease HDL: > 40 (Men) mg/dL >50 (Women) mg/dL Triglycerides < 150 mg/dl</p>
<ul style="list-style-type: none"> Blood Pressure 	<ul style="list-style-type: none"> Every visit Confirm high reading on a separate day 	Blood pressure < 140/90, Based on patient and response to therapy, lower values may be appropriate
<ul style="list-style-type: none"> Smoking or Tobacco Products 	<ul style="list-style-type: none"> Counsel to stop at every visit, and other forms of treatment as needed 	
Self Management Education	<ul style="list-style-type: none"> Refer to diabetes educator, preferably a certified diabetes educator (CDE). At diagnosis, then every 6-12 months or as needed to achieve and maintain treatment goals 	
Medical Nutrition Therapy	<ul style="list-style-type: none"> Refer to registered dietitian, preferably a CDE. At diagnosis, then every 6-12 months or as needed, to achieve and maintain treatment goals 	
Dental Exam	<ul style="list-style-type: none"> Annually by dentist (Based on dentist's assessment, intervals may range from 3 to 24 months)² 	
Immunizations: <ul style="list-style-type: none"> Influenza vaccine Pneumococcal vaccine 	<ul style="list-style-type: none"> Annually Initial and revaccination if indicated per CDC guidelines** 	Strongly advise persons with diabetes to receive, given greater hospitalization rates of those who acquire these infections.

* BMI < 25 for adults; for children aged 2 to 20 years, BMI for age < 85th percentile. For calculating children's BMI, see: http://www.cdc.gov/nccdphp/dnpa/growthcharts/bmi_tools.htm.

** CDC recommends both PCV13 and PPSV23 be given in series to all adults age ≥65 years.

These guidelines were developed to provide guidance to primary care providers and are not intended to replace or preclude clinical judgment.
See reverse for diagnostic criteria and references.



Indiana State
Department of Health

Criteria for Diagnosis of Pre-Diabetes and Diabetes¹

Diagnosis	Measure	Treatment Goals
Pre-Diabetes	<p>A1C 5.7%-6.4%</p> <p>Fasting Plasma Glucose Test (FPG): 100-125 mg/dl</p> <p>Oral Glucose Tolerance Test (OGTT): 140-199 mg/dl 2-hour plasma glucose following a 75-gram oral glucose load</p>	<p>Moderate Physical Activity (e.g. Walking 30 minutes 5x/week)</p> <p>Diet Modification</p> <p>Weight Loss, if overweight, at least 5 - 7% of current body weight</p> <p>Test Glucose Annually</p>
Diabetes	<p>A1C ≥ 6.5</p> <p>FPG: ≥ 126 mg/dl, Confirm with repeat test if not markedly high and no symptoms</p> <p>OGTT: ≥ 200 mg/dl, Confirm with repeat test if not markedly high and no symptoms***</p>	<p>See above table</p>

***The OGTT is also the recommended screening for women with previous GDM, at 6-12 weeks post-partum.

References:

1. American Diabetes Association. Standards of Medical Care in Diabetes. *Diabetes Care*, Vol 38, Suppl 1, 2015.
2. Working Together to Manage Diabetes: A Guide to Pharmacy, Podiatry, Optometry, and Dentistry, NDEP-54, Jan. 2014.

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